

DEFENDANTS'

EXHIBIT B

**Step 1 Grievance Record Regarding Damaged
Drugs**

Date for Oct 10th!



Texas Department of Criminal Justice

STEP 1 OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2024007732

Date Received: SEP 19 2023

Date Due: 10-29-23

Grievance Code: 020

Investigator ID #: I 2731

Extension Date: _____

Date Retd to Offender: _____

Offender Name: Jedidiah Isaac Murphy TDCJ # 999392

Unit: Polunsky Housing Assignment: 12/AA/02

Unit where incident occurred: Huntsville Walls Unit

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Officer Amos, Officer Lee When? 9/18/23

What was their response? They don't know anything about it.

What action was taken? None

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

The execution drugs were likely impacted by the historic fire at the Huntsville Walls Unit. As a result, there is a high chance that the drugs are damaged and will not work correctly, leading to a botched execution.

Action Requested to resolve your Complaint.

That the State NOT USE the drugs impacted by the fire.

Offender Signature:

Jedideiah L Murphy

Date: 9/18/23

Grievance Response:

Signature Authority: _____

Date: _____

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____